

NYS Office of Alcoholism and Substance Abuse Services
CONTINUING CARE PER VISIT REPORT INSTRUCTIONS

*These instructions are for the purpose of completing the PAS-126 form only.
They do not supersede or replace existing regulations.*

A continuing care per visit form must be entered for each client receiving continuing care service in this program.

*** Indicates a required field**

***PROVIDER NUMBER:** Enter the five-digit Provider number assigned by OASAS that identifies the continuing care service provider.

PROVIDER NAME: Enter name of the continuing care provider.

***PROGRAM NUMBER:** Enter the five-digit number assigned by OASAS which identifies the PRU (Program Reporting Unit) from which the client receives continuing care services.

PROGRAM NAME: Enter name of continuing care program.

***PROVIDER CLIENT ID:** Enter the identical client identification number that was reported at the time of admission or transfer. If the client identification number has changed between admission and discharge, instruct data input staff to make the change online using Client Management.

***SEX (at birth):** Select gender, Male or Female, as documented on birth certificate. If the client is transsexual, use the gender that was recorded at time of birth.

***BIRTH DATE:** Enter two digits each for the month and day and four digits for the year of birth (e.g., March 8, 1948 would be 03/08/1948).

***FIRST TWO LETTERS OF LAST NAME AT BIRTH:** Enter the first two letters of the client's last name at **birth** (Smith = SM, O'Brien = OB). For clients who have changed their last name, use their BIRTH name (e.g., Maiden Name).

***LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:** Enter the last four digits of the **client's** Social Security number (SSN), as assigned by the Social Security Administration. In the event that the client does not have a SSN, enter 0000. If another person is providing insurance coverage, be sure to use the client's SSN, not the SSN of the insured. Please be sure that the numbers are entered in the correct order. These numbers are critical to OASAS' ability to track clients as they move through the treatment system.

***SERVICE DATE:** Enter two digits each for the month and day and four digits for the year of continuing care service visit (e.g., March 8, 1948 would be 03/08/1948).

***MISUSE OF SUBSTANCE SINCE LAST CONTACT:** Indicate if the individual has misuse of substances since their last service visit.

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***FREQUENCY OF USE IN THE LAST 30 DAYS:**

Enter the frequency of use in the 30 days prior to the current service date. This is a federally mandated item, and they do not permit a choice of "Unknown."

No use in last 30 days
1-3 times in last 30 days
1-2 times per week
3-6 times per week
Daily

***DISPOSITION:**

Continuing Care – Use this when the client is appropriate for continuing care.

Refer to Active Treatment – Generally, this is used when a client a person identifies the need for a more intensive treatment than available through Continuing Care.

***SERVICE (check all that apply)**

- 1. Individual Counseling Brief (G0396/90832)** counseling session held between individual and clinical staff member for a minimum of 25 minutes. May also be used for couples or family counseling.
- 2. Individual Counseling Normative (G0397/90834)** counseling session held between individual and clinical staff member for a minimum of 45 minutes. May also be used for couples or family counseling.
- 3. Group Counseling Normative (H0005/90853)** counseling session with individual, others in continuing care and a clinical staff member. Held for a minimum of 60 minutes.
- 4. Peer Advocate Service (H0038)** service provided by a Certified Recovery Peer Advocate in support of the individual for a minimum of 15 minutes.
- 5. Medication Administration Observation (H0033)** oral medication with direct observation. No time minimum.
- 6. Medication Management (99211-99215)** visit for drug monitoring or comprehensive medication review, with a minimum of 10-15 minutes dependent on the complexity of the service.
- 7. Addiction Medication Induction/Withdrawal (H0014)** induction to new medication requiring a period of individual observations (30 min)